



Commonwealth of Massachusetts
Department of Public Safety
APPEAL OF CIVIL FINE FOR EXPIRED ELEVATOR
CERTIFICATES (pursuant to 520 CMR 16.03)

Please send appeal form to:
Department of Public Safety, Civil Fine Enforcement Program Coordinator, 1 Ashburton Place, Room 1301, Boston, MA 02108

****THIS FORM IS VALID ONLY UNTIL OCTOBER 13, 2015****

APPEAL FORM MUST BE FILLED OUT IN INK AND ACCOMPANIED BY A \$100 APPEAL FILING FEE

Name: (First) (Last) (Middle)				
Address: (Street) (Apt.) (City) (State) (Zip Code)				
Telephone number:		Email address:		
Date of Violation:		*Elevator Tag #:		

** You must submit a separate appeal form per elevator*

Please check the reason(s) for your appeal below in accordance with 520 CMR 16.03(5). Your appeal will first be decided in writing, without a hearing, after administrative review. In order to ensure thorough administrative review, **you must submit additional documentation along with this form to support your reason for appeal, with as much detail as possible.** Failure to provide such documentation may result in the appeal being returned.

- ☐ **clerical errors**
- ☐ **inaccurate assessment**
- ☐ **lack of prior use**
- ☐ **de minimis risk of injury to the public**

By checking any of the above boxes, I certify that I have submitted additional, detailed documentation in support of my reason(s) for appeal.

- ☐ **severe financial hardship – elevator owned by individual**

By checking this box, I certify that I have submitted (a) a listing of all assets and liabilities greater than \$1,000, including valuations for any companies owned; and (b) an affidavit from me or my representative asserting that payment of the fine will cause severe financial hardship.

- ☐ **severe financial hardship – elevator owned by corporate entity, organization, municipality, or religious institution**

By checking this box, I certify that I have submitted (a) a current annual operating budget; (b) a list of all assets and liabilities greater than \$1,000; and (c) an affidavit from me or my representative asserting that payment of the fine will cause severe financial hardship.

____ (Check here if applicable) I hereby authorize _____ to act as my representative at my appeal hearing.

Owner's Signature*: _____ Date: _____

** Appeal forms not signed by owner of record are considered incomplete and will be returned*

To file an appeal this entire form **MUST** be completed in its entirety and mailed to:

**Department of Public Safety
Civil Fine Enforcement Program Coordinator
One Ashburton Place, Room 1301
Boston, MA 02108**

Please note that incomplete forms will be returned to you. A \$100 filing fee must accompany all appeals* and payment must be made in the form of a check or money order made out to the Department of Public Safety. Cash will not be accepted.

****If you filed a previous appeal prior to August 1, 2014 that was not returned, you do not need to submit a filing fee with your new appeal form because the Department has already received your payment.***

Payment of all fines is due by October 13, 2015, or within 30 days of receipt of the notice of violation, whichever is later. **Failure to file an appeal within that time period will result in a waiver of such right and all fines set forth in said notice shall be imposed.** Failure to pay or appeal any violation within that time period may also result in prohibition from renewal of any license held by the alleged violator, prohibition from sitting for any examination required to renew a license until payment is received, elevator shut down, and/or any and all other remedies available to the Department.